STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001140	A. BUILDING: _____ B. WING _____	R-C 09/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER BEACH TERRACE	4905 MELTON RD GARY, IN 46403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit to the Investigation of Complaint IN00205055 completed on July 25, 2016. Complaint IN00205055 - Corrected Survey date: September 2, 2016 Facility number: 001140 Provider number: 001140 AIM number: N/A Residential census: 122 Sample: 3 Miller Beach Terrace was found to be in compliance with 410 IAC 16.2-5 in regard to the Post Survey Revisit (PSR) to the Investigation of Complaint IN00205055. Quality review completed by 32883 on 9/6/16.	{R 000}		